Northern Valley Catholic Social Service
INSPIRING HOPE & TRANSFORMING LIVES

Preferred Location(s): ❑ Shasta County ❑ Butte County ❑ Siskiyou County ❑ Tehama County ❑ Glenn County ❑ Trinity County

Date: _____

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Home Phone (_____) _____ Bus. Phone (_____) _____ Referred By: _____

Email address _____

Work Preference

Title of position applied for _____

Will you accept: ❑ Full Time ❑ Part Time ❑ On Call Date available to start: _____

General Information

Have you ever worked under another name? ❑ Yes ❑ No Please List _____
(For employment verification purposes)

Have you worked for NVCSS? Which facility _____
From: Month _____ Year _____ To: Month _____ Year _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age. ❑ Yes ❑ No

Are you able to perform the essential functions of the job for which you are applying, either with our without reasonable accommodation?
❑ Yes ❑ No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential

Skills

Please check the skills you possess that are relevant to the position you are applying for. Unrelated items may be checked at your discretion.

❑ Filing	❑ Payroll	❑ Word Processing	Computer Programs:	❑ First Aid
❑ Typing WPM_____	❑ Accounts Payable	❑ Data Entry	❑ Excel	❑ CPR
❑ Letter Composition	❑ Accounts Receivable	❑ Internet	❑ Word	❑ Other_____
❑ 2nd Language_____	❑ Insurance Billing	❑ Graphic Design	❑ PowerPoint	❑ Other_____

Education (A resume may be attached, but the **entire application must be completed.**)

Name of Schools (High School, College, Business, Vocational)	Location	No. of Years Completed	Major Course	Degree/Certificate

Other special education / professional associations (include U.S. military service schools and experience or skills that would qualify you for the position for which you are applying.)

_____

License

Professional License/Registration/Certification:
Type _____ State _____ Number _____ Expiration Date _____

Work Experience

Please list your work experience for the past seven years with your present or most recent experience first. **A resume may be attached, but the entire application must be completed**

Company Name ______________________ Street Address______________________

City, State, and Zip ______________________ Telephone ______________

Supervisor's Name ______________________ Reason for Leaving ______________________

From: Month __________ Year __________ To: Month __________ Year __________ Hours Worked Per Week __________

Job Title ______________________

Duties______________________

Company Name ______________________ Street Address______________________

City, State, and Zip ______________________ Telephone ______________

Supervisor's Name ______________________ Reason for Leaving ______________________

From: Month __________ Year __________ To: Month __________ Year __________ Hours Worked Per Week __________

Job Title ______________________

Duties______________________

Company Name ______________________ Street Address______________________

City, State, and Zip ______________________ Telephone ______________

Supervisor's Name ______________________ Reason for Leaving ______________________

From: Month __________ Year __________ To: Month __________ Year __________ Hours Worked Per Week __________

Job Title ______________________

Duties______________________

Company Name ______________________ Street Address______________________

City, State, and Zip ______________________ Telephone ______________

Supervisor's Name ______________________ Reason for Leaving ______________________

From: Month __________ Year __________ To: Month __________ Year __________ Hours Worked Per Week __________

Job Title ______________________

Duties______________________

Have you ever been involuntarily terminated from any prior employment? ____ Yes ____ No
If yes, give details of termination, including date of termination, employers name and reason for termination:

____

May we contact your current employer? ❑ Yes ❑ No If no, please explain:
(If we need to contact your current employer before making an offer, we will contact you first.)

____

Please Read Carefully, Initial each Paragraph and Sign below

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and NVCSS. In addition, I understand and agree that if I am employed, my employment is for no definite or determined period and may be terminated at any time, with or without prior notice, at the option or either myself or NVCSS, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the NVCSS designated representative.

____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

____ I authorize all previous employers and schools to give information needed by NVCSS for purposes of obtaining an account of my education and work experience. I agree to hold any or all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

____ I am aware that I will be required, as a condition of employment, to successfully complete a background check and medical examination and that any referral to a private doctor for suggested follow-up will be at my own expense. I agree to observe all rules, regulations, and policies of NVCSS.

My signature below signifies that I recognize that my employment with NVCSS is "at will". This means that either NVCSS or myself can terminate my employment at any time with or without notice and with or without a reason. I understand the provisions of this paragraph cannot be changed unless the change is in writing

______________________________ ______________________

Signature Date

DEMOGRAPHIC INFORMATION ON APPLICANTS

NVCSS provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Position applied for:_____ ***Date***:_____

I learned of this job opening through (check one only):

- ❑ A friend of relative ❑ The Agency's On-Line Job Listings
- ❑ An advertisement (specify): Internet, Newspaper, or School
- ❑ Other means (specify): _____

Please check: ❑ Male ❑ Female

Please check one box only for the racial/ethnic category you most closely identify with. (See ethnic definitions below.)

Ethnicity:

❑ Not Hispanic or Latino

❑ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

Race:

❑ ***White*** (Not Hispanic or Latino origin) - A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

❑ ***Black or African American*** (Not of Hispanic origin) - A person having origins in any of the original peoples of Africa.

❑ ***Asian*** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for an example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

❑ ***Native Hawaiian or Other Pacific Islander***

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

❑ ***American Indian or Alaskan Native***

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Disability/Serious Health Condition:

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

Do you have any disabilities or serious health conditions which may limit your ability to perform the job? ❑ Yes ❑No

If yes, what can be done to accommodate your limitations and if necessary to provide assistance in the recruitment and testing process? If you have special needs, please fill out below and call (530) 241-0552.

_____

_____

_____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form. **Purpose and Routine Uses:** The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. **Effects of Nondisclosure:** Providing this information is voluntary. No individual personnel selections are 4 made based on this information. There will be no impact on your application if you choose not to answer any of these questions. **Paperwork Reduction Act Statement:** The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq,) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.